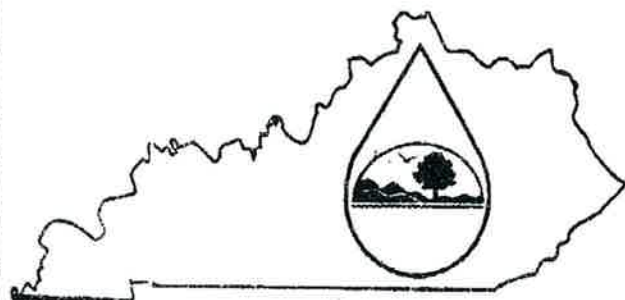
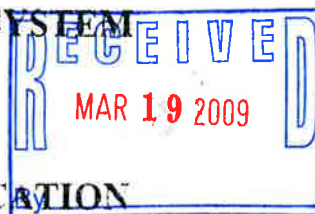


KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: SAINT JOSEPH'S MONASTERY							
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE			
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?				7			
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): DESIGNED TO FACILITATE 30 RESIDENTS, 20 GUESTS, 5 STAFF MEMBERS & APPROX. 75 VISITORS							
B. If new discharger, indicate anticipated discharge date:							
C. Indicate the design capacity of the treatment system:				0.006 MGD			

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	40	05 N	86	54	45 W	UNNAMED TRIBUTARY AT MILE POINT 3.85 TO S. FORK PANTHER CREEK AT MILE POINT 35.2
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				TOPO MAP			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
.001	SANITARY WASTEWATER	6000 GPD	COMMINUTOR	1-L
			DISINFECTION (CHLORINE)	2-F
			ACTIVATED SLUDGE	3-A
			EXTENDED AERATION	
			SLUDGE HAULED TO LOCAL	5-Q
			POTW AND LAND FILLED	

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake: _____
☐ Publicly-owned treatment works (POTW). Name of POTW: _____
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points: _____ (If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	_____ per year	_____ per year
Give average duration of bypass	_____ hours	_____ hours
Give average volume per incident	_____ 1,000 gallons	_____ 1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: _____ (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	_____ per year	_____ per year
Give average duration of overflow:	_____ hours	_____ hours
Give average volume per incident:	_____ 1,000 gallons	_____ 1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
SAINT JOSEPH'S MONASTERY	30 - RESIDENTS
	5 - STAFF
	95 - GUESTS & VISITORS
TOTAL POPULATION SERVED	TOTAL - 130

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.


POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	2 MG/L		1
TOTAL SUSPENDED SOLIDS	2.5 MG/L		1
FECAL COLIFORM	1 CFU/100ML		1
TOTAL RESIDUAL CHLORINE	2.00 MG/L		1
OIL AND GREASE	8.00 MG/L		1
CHEMICAL OXYGEN DEMAND	WAIVER REQUESTED		
TOTAL ORGANIC CARBON	WAIVER REQUESTED		
AMMONIA	0.35 MG/L		1
DISCHARGE FLOW	0.001 MGD		1
PH	6.88 S.U.		1
TEMPERATURE (WINTER)	8.8 C		1
TEMPERATURE (SUMMER)	22.9 C		1

B. Frequency and duration of flow:

24/7 YEAR ROUND

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): SISTER MARY AGNES HIGGS	TELEPHONE NUMBER (area code and number): (270) 233-4571
SIGNATURE 	DATE 3/16/09